



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
WIC AND NUTRITION SERVICES  
**WIC NUTRITION ASSESSMENT FOR INFANTS**

PARTICIPANT NAME:	DATE OF BIRTH:	DATE COMPLETED:
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COMPLETED BY CAREGIVER OF INFANT	
1. Has the doctor ever told you that your baby has any medical conditions or illnesses? <input type="checkbox"/> Yes, Indicate condition or illness: _____ <input type="checkbox"/> No When is your baby's next doctor appointment? Date: _____	<b>341-362]</b>
2. What are you feeding your baby? Select all that apply: <input type="checkbox"/> Breastmilk <input type="checkbox"/> Formula (Name) _____ <input type="checkbox"/> Other liquids or beverages (not infant formula): _____ <input type="checkbox"/> Baby food or family/table food _____	<b>[411.3]</b>
3. Where are all the places your baby takes a bottle or cup? Select all that apply: <input type="checkbox"/> Breastfeeding only/no bottles <input type="checkbox"/> Bed <input type="checkbox"/> Stroller <input type="checkbox"/> Car seat <input type="checkbox"/> Held by someone <input type="checkbox"/> High chair <input type="checkbox"/> Holds his/her own bottle <input type="checkbox"/> Other _____	<b>[411.2]</b>
4. Do you dip your baby's pacifier in sugar, syrup or honey, or add sugar, syrup or honey to breastmilk or formula? <input type="checkbox"/> Yes <input type="checkbox"/> No  Does your baby eat honey or any foods made with honey such as honey graham crackers, muffins, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>[411.2] [411.3] [411.5]</b> <b>[411.3] [411.5]</b>
5. Which of the following foods does your baby eat? Select all that apply: <input type="checkbox"/> Fresh squeezed fruit or vegetable juices <input type="checkbox"/> Unpasteurized (farm fresh) dairy products <input type="checkbox"/> Soft cheeses such as Feta, Brie, Camembert, Blue-veined cheese, Queso-Blanco or Queso-Fresco <input type="checkbox"/> Raw or undercooked meats, fish, chicken, turkey or eggs <input type="checkbox"/> Raw sprouts (alfalfa, clover, bean, radish) <input type="checkbox"/> Uncooked luncheon meats, deli meats, hot dogs <input type="checkbox"/> None of the above	<b>[411.5]</b>
6. Have you noticed any oral or dental problems with (in) your baby's mouth? <input type="checkbox"/> Yes, Indicate problems: _____ <input type="checkbox"/> No	<b>[381]</b>

**Your CPA/Nutritionist will discuss your baby's eating and activity habits and will ask more questions.**